



# *We want to hear from you*

## **Family Feedback Questionnaire** (No Services Received)

Please read the statements below about your experience with your social worker and Children's Administration.

**Circle the number that best fits how you feel.**

The information will be used to help the social worker in their work with families in the future.

Name of Social Worker: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My social worker developed a partnership with me that was genuine and respectful.	1	2	3	4
2. My social worker recognized what I do well.	1	2	3	4
3. I am better able to meet daily tasks in order to keep my children safe.	1	2	3	4
4. My social worker expressed interest in learning more about me and my family, and what is important to us.	1	2	3	4
5. My social worker helped me identify individuals and community resources that can support my family when we need it.	1	2	3	4
6. My social worker has a clear understanding of what was happening in my home/life that lead up to the incident that was reported.	1	2	3	4
I would also like to say...				
Optional: If you would like to be contacted by a Supervisor or Area Administrator (AA) to discuss your experience, please include your name/number below. If you continue to have concerns after speaking with the social worker, supervisor or AA, you may call Constituent Relations at 1-800-723-4831.  Name: _____ Phone Number: (____) _____				